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TATES **ANGE COMMISSION** D.C. 20549

SEC

Section

### **OMB APPROVAL**

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## MAR 0 22015 **PART III** Washington DC

ANNUAL AUDITED REPORTESSING

**FACING PAGE** 

**FORM X-17A-5** 

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

01/01/14 A	AND ENDING	12/31/14
MM/DD/YY		MM/DD/YY
ISTRANT IDENTIFICA	TION	
on Advisors LLC		OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.		FIRM I.D. NO.
(No. and Street)		
NY	10	0019
(State)	(Zi	p Code)
	(/	(917) 923-1478 Area Code – Telephone Number
OUNTANT IDENTIFICA		
ose opinion is contained in thi	s Report*	
Name – if individual, state last, first,	middle name)	
New York	NY	10018
(City)	(State)	(Zip Code)
or any of its possessions.		
	ISTRANT IDENTIFICATION Advisors LLC  NESS: (Do not use P.O. Box Market)  (No. and Street)  NY  (State)  RSON TO CONTACT IN REGIONS OF THE CONTACT IN	ISTRANT IDENTIFICATION  On Advisors LLC  NESS: (Do not use P.O. Box No.)  (No. and Street)  NY  (State)  (Zi  RSON TO CONTACT IN REGARD TO THIS REPO  (ADUNTANT IDENTIFICATION  Tosse opinion is contained in this Report*  Name – if individual, state last, first, middle name)  New York  NY

\*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)



#### **OATH OR AFFIRMATION**

I,	<u>Eri</u>	Eric Gebaide , swear (or affirm) that, to the	e best of
m	v kn	knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm	of
	•	NOVATION ADVISORS LLC, as of DECEMBER 31, 2014, are true and correct. I further swear (or affirm) to	
		company nor any partner, proprietor, principal officer or director has any proprietary interest in any account	classified
so	lely	ely as that of a customer, except as follows:	
_			
		Signature	
		m ACVABING DIRECTOR	
		m'd	
		KATHLEEN GARRITY OKOLITA	
		COMMONWEALTH OF MASSACHUSETTS	
		NOTATE PUDITC	W 1
		January 23, 2020	
Tl	his re	is report ** contains (check all applicable boxes):	
	(a)	· · · · · · · · · · · · · · · · · · ·	
	(b)		
	(c)	· ,	
	(d)	<b>`</b> '	
	(e)	(e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.	
	(f)	(f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.	
	(g)	(g) Computation of Net Capital.	
	(h)	(h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3.	
	(i)	(i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3.	
	(j)	(j) A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and	
		the Computation for Determination of the Reserve Requirements Under Exhibit A of Rule 15c3-3.	
	(k)	(k) A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to method	ds

- of consolidation.

  (I) An Oath or Affirmation.
- (m) A copy of the SIPC Supplemental Report.
- (n) A report describing any material inadequacies found to exist or found to have existed since the date of the previous audit.

<sup>\*\*</sup>For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

# **Innovation Advisors LLC**

# STATEMENT OF FINANCIAL CONDITION

	Decembe	December 31, 2014	
ASSETS			
Cash	\$	97,449	
Prepaid expenses and other assets		28,355	
TOTAL ASSETS	\$	125,804	
LIABILITIES AND MEMBER'S EQUITY			
Liabilities Accounts payable and accrued expenses	_\$	17,000	
Total liabilities		17,000	
Member's equity		108,804	
TOTAL LIABILITIES AND MEMBER'S EQUITY	\$	125,804	